

Continuing Education

NAME _____

LICENSE # _____

Using the table below, list **only** 30 hours of continuing education and a CPR or BLS course. Attach **PHOTOCOPIES** of all documentation to this sheet and mail to the Board office. You must include a copy of the front and back of your valid CPR or BLS card.

COURSE NAME	DATE OF COURSE	PROVIDER	HOURS FOR CATEGORY B	HOURS FOR CATEGORY C	FOR OFFICE USE ONLY	<input checked="" type="checkbox"/>
CPR These hours do not count towards the 30 hour requirement	Card Expiration Date					
HIV/AIDS Course		CHFS Approval #				
			Total Hours	Total Hours		

For office use only: Audit Complete: Y / N Date: _____ By: _____